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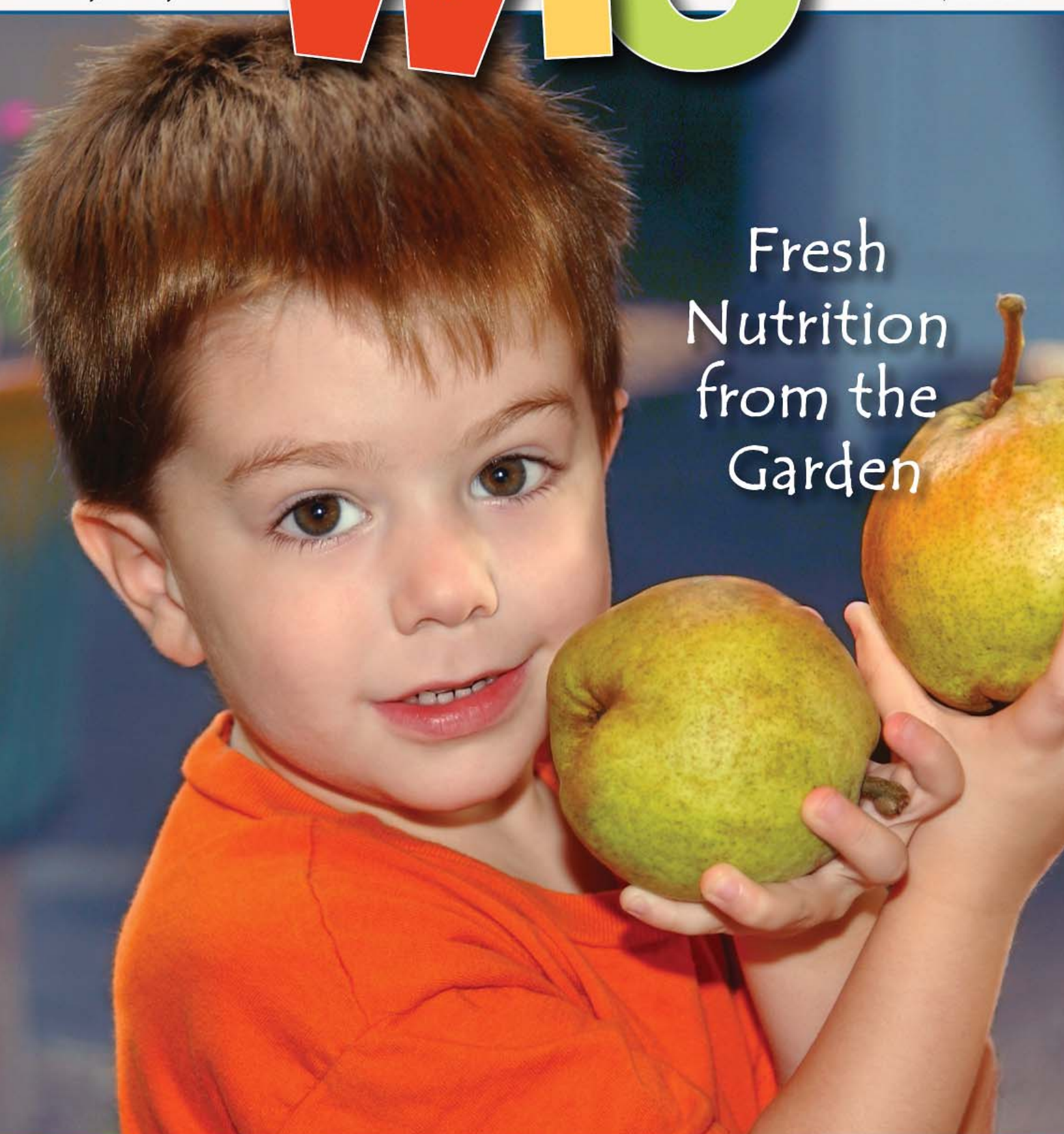


news

January/February 2008

Volume 17, Number 1

Fresh  
Nutrition  
from the  
Garden



Special Supplemental Nutrition Program for Women, Infants, and Children

# Customer Service Brings “Magic” to WIC Clinics

▶▶ With the advent of Value Enhanced Nutrition Assessment (VENA) in our clinics, we have a renewed interest in customer service — service which adds value and enhances the entire WIC process for our clients.

We have, for many years, had a requirement in the Texas WIC Program that all clinic staff participate in some form of annual customer service training because we believe so strongly that the client’s clinic experience should be a positive one. In fact, in the late 1990’s, one of our first big teleconferences focused on the “Magic of Being Customer-Oriented.” It emphasized that if you

**Stop** — focus on the customer, not yourself

**Look** — connect emotionally to others through nonverbal cues

**Listen** — connect to the message content

&

**Check** — confirm your understanding

... you will create for yourself and your customers — the WIC clients — a little “magic.” The clients will have enjoyable, trouble-free clinic experiences, which will ultimately affect their learning, their retention, their belief that they can make positive changes in the lives of their children, and their desire to do so.

And the real magic — when the client has this kind of experience the staff generally have the same enjoyable, positive event with fewer complaints, less hassle, and the added bonus of rising caseloads as satisfied customers spread the word.

WIC News will begin to feature monthly articles on enhancing the WIC experience for our clients. Even though the practice of excellent customer service has been in place for some time, it never hurts to refresh and renew ourselves; and VENA reinforces our need to do so. Thank you for all the “magic” you create everyday.



*From the Texas WIC Director* - Mike Montgomery





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# Nutrition Education

by Mary Van Eck, M.S., R.D.  
Branch Manager, Nutrition Education

**How** can we make the most of our nutrition education time with our WIC families? While we are very good at providing information, there is more to behavior change than knowledge. Every time we go to the supermarket, we are bombarded with over 50,000 items to choose from, and our kids see countless ads for unhealthy foods on TV. Many environmental, cultural, and economic factors influence food purchasing and consumption behaviors. The goal of nutrition education is to influence behavior change in a positive way and to strive towards positive health outcomes for all our families. Here are a few methods to help influence behavior.

## Build Confidence

The University of Texas – Texas WIC Child Feeding Study (summarized on pages 8-10 of the November/December 2007 issue)

showed us that self-efficacy affects behavior change concerning fruit and vegetable intake more than knowledge acquisition. So what is self-efficacy? It is the individual's estimate of whether they will be able to perform the behavior. To be most effective, we need to influence one's confidence in accomplishing a behavior. Confidence building activities such as hands on demonstrations and open discussions

where participants hear how others have made changes or accomplished a goal are ways to improve self-efficacy in your clients.

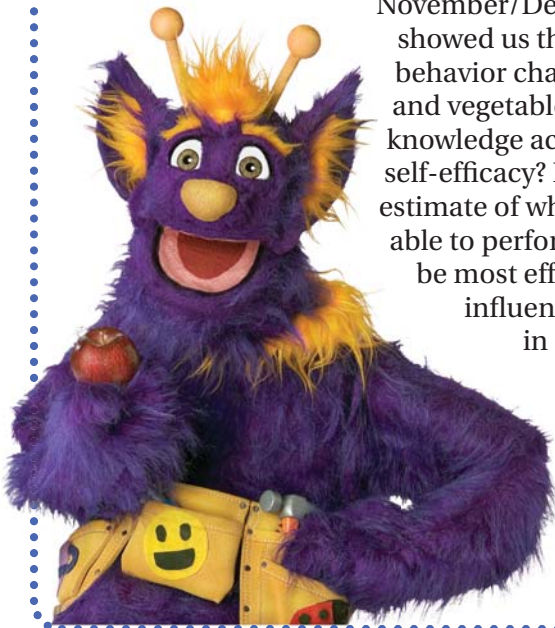
## Influence Preferences

The Texas WIC children physical activity programs, Zowzoo and Zobey, not only aim to increase physical activity, but also counter the media blitz of high sugar, high fat foods with nutrition messages throughout the programs. We learned from the UT- Texas WIC Child Feeding Study that parents cook what their children ask for. Parents want to please their kids and want to see them eat what is prepared; so the child's preference is a major factor in family food selection. Influencing food preferences is what Zowzoo and Zobey are doing. Evaluations show that kids are asking more than before for the healthy foods they see in the DVDs.

## Use Emotion Based Interaction

Many of you may remember Pam McCarthy's *Touching Minds, Touching Hearts* nutrition education project. Pam and the Massachusetts WIC program developed a nutrition education initiative using emotion-based behavior to promote change. To identify motivators that might change behavior they conducted focus groups and found that moms wanted:

- to be a good parent,
- to be intelligent,
- to be in control,
- to keep their child safe, and
- to lead their child towards a successful life.



Emotion based messages were designed to touch people's hearts first, then provide information to act on.

For more information on this program go to <http://www.touchingheartstouchingminds.com>.

### **Emphasize Family Meals**

WIC can make a difference because we see families with young children who are beginning their nutrition journey. Stressing the importance of meals where families sit down together is an important teaching point for WIC. The UT-Texas WIC Child Feeding Study found that WIC families are more likely to eat home-cooked meals than the other groups in the study. This wonderful news shows that WIC families are taking home the message. Research has shown that children from families that eat together regularly have diets with better nutritional content and fewer disordered eating behaviors. Other studies have found that families who have meals together have improved vocabularies, greater academic success in school, less drug use, and more positive peer relationships. By promoting family meals, you can positively impact all of those critical factors in our WIC families.

For more information and ideas on promoting family meals in your agency, go to <http://www.cfs.purdue.edu/CFF/promotingfamilymeals/>.

As WIC staff you are a major part of the public health nutrition workforce. Using effective methods will make each interaction meaningful and significant and will influence behavior and produce positive health outcomes for our families.



*“... Study found that WIC families are more likely to eat home-cooked meals ...”*





# what the American Dietetic Association says about vegetarian diets

by Elizabeth “Liz” Bruns, R.D., L.D.  
Training Specialist

**Vegetarians** can get the nutrients they need eating a plant-based diet. As with other diets, the key is to eat a variety of foods, but not too much of any one thing. All diets should be sure to include certain specific foods occasionally, and a supplement for nutritional insurance.

## Who is a Vegetarian?

A vegetarian is a person who does not eat meat, fish, or fowl or products containing these foods. There are within the vegetarian category specific types based on eating patterns. These include:

*Lacto-ovo-vegetarian* — eats a diet based on grains, vegetables, fruits, legumes, seeds, nuts, dairy products, and eggs and excludes meat, fish, and fowl.

*Lacto-vegetarian* — same as Lacto-ovo-vegetarian, except excludes eggs as well as meat, fish and fowl.

*Vegan* — same as Lacto-ovo-vegetarian, except excludes dairy and other animal products as well as eggs, meat, fish and fowl.

## The American Dietetic Association Position Statement

In their position statement, the American Dietetic Association (ADA) and Dietitians of Canada say, “appropriately planned vegetarian diets are healthful, nutritionally adequate, and provide health benefits in the preven-

tion and treatment of certain diseases.” The statement continues, “Well-planned vegan and other types of vegetarian diets are appropriate for all stages of the life cycle, including during pregnancy, lactation, infancy, childhood, and adolescence.”

They go on to say plant-based diets offer a number of nutritional benefits, including lower levels of saturated fat, cholesterol, and animal protein as well as higher levels of carbohydrates, fiber, magnesium, potassium, folate, and antioxidants such as vitamins C and E and phytochemicals.

## Meeting Nutritional Needs

Let’s look at how vegetarians and vegans meet some of their other nutritional needs, specifically protein, iron, calcium, and vitamins D and B12.

### Protein

Vegetarians can meet their protein needs by consuming plant foods. Most foods contain protein and eating a variety of plant foods will provide all diets with adequate (if not excessive) protein. Soy protein is itself a complete protein. Other high protein plant foods include legumes, nuts and seeds, grains and cereals. According to the ADA, “research indicates that an assortment of plant foods eaten over the course of a day can provide all the essential amino acids and ensure adequate nitrogen retention and use in healthy adults, thus complementary proteins do not need to be consumed at the same meal.”

### **Iron**

Plant foods rich in iron include most leafy greens, squash, tomato juice, dried fruits, legumes, nuts and seeds, soy foods and enriched breads and cereals. In general, vegans consume more iron than lacto-ovo vegetarians, and lacto-ovo vegetarians consume more iron than nonvegetarians. In fact, vegetarians are no more likely to be anemic than nonvegetarians. Non-heme iron (found in plant foods and meat) is more sensitive than heme-iron (found in meat only) to both enhancers and inhibitors of iron absorption. Vitamin C is an enhancer and so are other organic acids found in fruits and vegetables. Phytate is the primary inhibitor of iron absorption. Therefore, spinach, a high phytate food, is not considered a good source of iron, although it is iron-rich. Other foods high in phytate include whole grains and legumes. Certain processings of these foods, like soaking, malting, fermenting, and leavening, will decrease the phytate content.

### **Calcium**

You don't have to drink milk to get your calcium. Calcium can be found in a great number of plant foods including broccoli, collards, turnip greens, nuts and seeds, legumes, fortified soy foods, figs and fortified juices and cereals. The capacity of the body to absorb calcium from some of these foods is equal to or higher than that of cows' milk. Inhibitors of calcium absorption include foods rich in phytates and oxalates. Oxalate-rich foods include spinach, beet greens, and Swiss chard. Soy foods are rich in both phytates and oxalates, yet soy is considered a good contributor of calcium. Most vegetarians get enough calcium, as much if not more than nonvegetarians, with vegans being the exception. Many vegans may find it easier to meet their needs if fortified foods or supplements are included. All people, including vegans who are pregnant or lactating, should be sure to consume the recommended dietary intake of calcium for their age group.

### **Vitamin D**

There are few naturally rich food sources of vitamin D, the sunshine vitamin. Fortified milks of all types (cows', soy, rice) and fortified cereals are good sources. Vegans who live in northern latitudes who don't use fortified foods or supplements would be a population at risk.

Vitamin D deficiency, which is rare in Texas, could be prevented with a vitamin D2 (ergocalciferol) supplement, a supplement suitable for vegans and vegetarians.

### **Vitamin B-12**

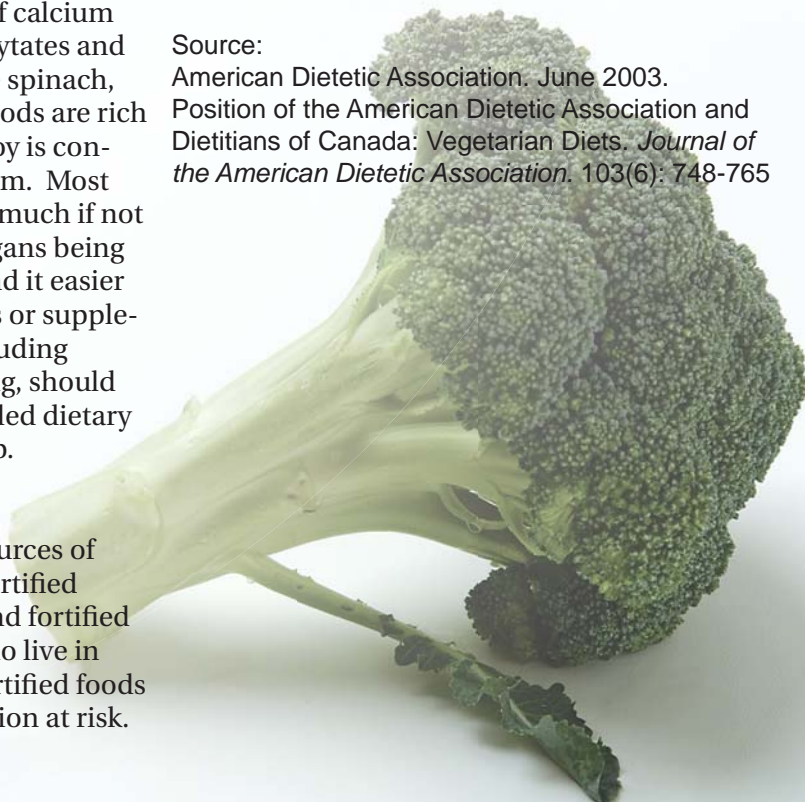
Meat and milk are primary sources of vitamin B-12. There are few nonanimal sources of B-12, so vegans should be sure to consume a fortified food or take a supplement regularly. B-12 deficiency is rare. It's seen mostly in alcoholics, the elderly, and in breastfed infants of vegan mothers who don't eat fortified foods or take supplements.

In their position statement, the ADA and Dietitians of Canada claim that "Dietetic professionals have a responsibility to support and encourage those who express an interest in consuming a vegetarian diet." WIC staff can adhere to this guideline by learning more about vegetarian lifestyles and providing accurate information and guidance to participants and others who seek assistance and advice.

If you are interested in learning more about this topic, you can refer to the June, 2003, issue of the *Journal of the American Dietetic Association*. The position statement covers vegetarianism throughout the life cycle and addresses these diets as they relate to chronic disease.

#### **Source:**

American Dietetic Association. June 2003. Position of the American Dietetic Association and Dietitians of Canada: Vegetarian Diets. *Journal of the American Dietetic Association*. 103(6): 748-765







# eating locally

by Andrew W. Smiley  
Project Director,  
Sustainable Food Center

## Why Local Food?

Although nutrition and taste are definite factors in deciding what to feed your family, the supporters of local food movements nationwide suggest also considering where food comes from. Groups such as Sustainable Food Center in Austin, the Texas Organic Farmers and Gardeners Association, and Food Routes Network point out that fresh, locally grown food bought directly from family farmers not only addresses your family's health, but also impacts economical, environmental, and social issues as well.

The Food Routes Network Web site, <http://www.foodroutes.org>, lists some of the reasons for choosing locally grown foods:

### *Get exceptional taste and freshness.*

Local food is fresher and tastes better than food sent long distances. Local farmers offer produce varieties bred for taste and freshness rather than for shipping and long shelf life.

### *Safeguard your family's health.*

Food grown locally comes from farmers you know and trust. Knowing where your food comes from and how it is grown enables you to choose food from farmers who avoid or reduce their use of chemicals, pesticides, hormones, antibiotics, or genetically modified seed.





***Strengthen your local economy.***

Buying locally keeps your dollars in your community.

***Support family farms.***

Each local food purchase ensures that more of your money goes to the farmer.

***Protect the environment.***

Local food doesn't travel far, reducing carbon dioxide emissions and the need for packing materials.

Those who regularly buy local food know that shopping farmers markets can be inspiring and enjoyable, as well as having a positive affect on a person's eating habits. Sustainable Food Center, <http://www.sustainablefoodcenter.org>, which operates the Austin Farmers' Market Association, gathers customer information through annual surveys in an effort to continue improving and expanding their farm-direct marketing.

Several market shoppers, who took part in an August 2007 survey, described the Austin Farmers' Market held weekly in downtown as "an important part of Saturday morning" and as a way to feel more connected to the community. Additional survey results point out that 64 percent of Saturday market shoppers have increased their consumption of fruits and vegetables since

shopping at the farmers' market, and nearly 60 percent have tried a new fruit or vegetable!

**Where to Shop Locally**

Since locally grown food is sold mostly at farmers' markets and a few small grocery stores, buying it may not be as convenient as a trip to the supermarket. Access to farmers' markets is increasing. Sustainable Food Center in Austin sponsors an impressive downtown market on Saturday mornings, another vibrant market on Wednesday afternoons, and a series of smaller neighborhood markets held on various days and times during the summer season. These neighborhood markets are intended to provide greater access to locally grown foods, especially among traditionally underserved communities and consumers, including WIC clients who receive the supplemental Farmers' Market Nutrition Program benefits. To further expand access for lower-income shoppers, Sustainable Food Center also implemented a project that allows food stamp recipients to use the Lone Star card at Austin-area farmers' markets. Other farmer's markets throughout the state have worked on similar projects to increase access.

**Find the Farmers' Market in Your Area**

New farmers' markets are being added regularly to the already lengthy list of markets  
*(continued on page 10)*



## Eating Locally

*(continued from page 9)*

statewide. Texas Department of Agriculture maintains a list of markets for those seeking fresh, local foods which can be accessed through their Pick Texas website, <http://www.picktexas.com/>. This site also provides links to seasonal availability information for specific products, as well as nutrition info, handling tips, and recipes.

## Grow Local

Despite the increasing access to farmers' markets, many folks prefer the convenience of enjoying local foods grown right outside their door. Austin's Sustainable Food Center sponsors several community gardens in the area, provides gardeners with helpful gardening information, and supplies free compost and seeds through its Community and Youth Gardening program.

Adults and children who take part in the shared garden spaces are able to meet some of their own basic food needs, and work cooperatively in a safe and enjoyable activity. One barrier to growing your own food is lack of knowledge or experience. Home gar-

dening information can be found through Texas Cooperative Extension, which offers several resources and links for the home gardener through services such as the Master Gardeners program, <http://aggie-horticulture.tamu.edu/mastergd/>.

## Cook Local

After buying fruits and vegetables at a farmers' market, or picking homegrown produce, what's left is the cooking and eating. The Happy Kitchen/La Cocina Allegre™, another program sponsored by Sustainable Food Center, features interactive 6-week cooking classes, which highlight the selection and preparation of fresh, seasonal foods that are safe, nutritious, economical, and delicious. The cookbook developed for the class is full of

healthy, seasonal recipes to guide you when incorporating local foods into a menu. The classes, offered in both English and Spanish, are taught by trained peer facilitators at various community sites around Austin. Sustainable Food Center staff will travel outside the Austin area to train others on becoming peer facilitators. Your local farmer's market may sponsor similar activities.

## Go Local

What we eat is a choice made daily. Many factors impact our food choices, such as social, environmental and economical conditions, along with seasonal availability, accessibility, preparation and nutrition. When all factors are considered, the choice to eat locally appears simple.



*Left photo: Maribel Rivera (left), program director of the Happy Kitchen/La Cocina Allegre™, and Valeria Morrow prepare for a cooking demonstration. Above photo: Carin Moore of Blackland Prairie Farms at Sustainable Food Center's Austin Farmers' Market.*



## Making it Count: New Physical Activity Guidelines

**W**e all know that exercise is good for us but what exactly do we need to do to reap those life enhancing health benefits? The American College of Sports Medicine (ACSM) and the American Heart Association (AHA) have updated the physical activity guidelines.

### BRIEFLY, THE RECOMMENDATIONS FOR HEALTHY ADULTS UNDER THE AGE OF 65 INCLUDE:

- **MODERATE** intensity activity 30 minutes a day, five days a week  
*Or*
- **VIGOROUS** intensity activity 20 minutes a day, three days a week  
*And*
- **EIGHT TO 10** strength-training exercises, **EIGHT TO 12** repetitions of each exercise twice a week.

Moderate-intensity physical activity means working hard enough to raise your heart rate and break a sweat, yet still being able to carry on a conversation (i.e....brisk walking). Vigorous-intensity activity means working hard enough to cause rapid breathing and a substantial increase in heart rate (i.e....jogging).



### KEY COMPONENTS OF THE NEW GUIDELINES INCLUDE:

- Moderate intensity for 30 minutes, five days/week results in the same health benefits as vigorous activity, for 20 minutes, three days a week.
- More is better. Exceeding the 30 minutes of moderate activity reduces the risk of inactivity-related chronic disease.
- For weight management goals, exercise duration should increase to 60 to 90 minutes a session.

(continued on page 4)



## Cook a balanced meal with 3 quick and easy recipes.

### Steamed Broccoli Florets

2 cups broccoli florets

1. Place the broccoli florets in a steaming basket with 2 inches of water in the pot beneath the basket and cover.
2. Bring to a boil over a high heat and steam for approximately 4 to 5 minutes, or until the broccoli is bright green and fork tender.

*Serving Size: ½ cup Number of Servings: 4*  
*Per Serving: Calories 22; Carbohydrate 4 g;*  
*Fat <1 g; Fiber 1 g; Protein 1 g; Saturated Fat 0 g; Sodium 159 mg*

### Mashed Sweet Potatoes

3 large sweet potatoes  
1½ tablespoons butter, unsalted  
1 tablespoon brown sugar  
1 pinch cinnamon

1. Peel potatoes and cut in quarters. Place them in a pot and cover with cold water. Bring to a boil over high heat. Simmer until the potatoes are tender when pricked with a fork, about 30 minutes depending on the size of the potatoes. Drain.
2. Mash the potatoes with a potato masher or fork. Slowly add the butter, brown sugar and cinnamon.

*Serving Size: about ½ cup Number of Servings: 4*  
*Per Serving: Calories 150; Carbohydrate 29 g;*  
*Fat 3 g; Fiber 3 g; Protein 2 g; Saturated Fat 2 g; Sodium 65 mg*

### Crunchy Pork Cutlets

1 pound pork loin, cut into ¼-inch slices, trim off fat  
½ cup all-purpose flour  
2 eggs beaten with 1 tablespoon water  
1 cup panko (Japanese bread crumbs) or dry bread crumbs

- Salt and pepper to taste
- Cooking spray
- Barbecue sauce for dipping

1. Place flour in a bowl. Season with salt and pepper. In a second bowl, whisk eggs with water. Place the bread crumbs in a third, shallow bowl.
2. Dip each pork slice or cutlet in flour. Pat off excess flour, dip in egg and then bread crumbs, coating evenly.
3. Place cutlets on a baking dish lightly coated with cooking spray and bake at 350° for 25 minutes on each side or until done.
4. Refrigerate until ready to serve.

Serve with barbecue sauce for dipping.

*Serving Size: 1 cutlet, sliced Number of Servings: 6*  
*Per Serving: Calories 217; Carbohydrate 19 g;*  
*Fat 5 g; Fiber 0 g; Protein 19 g; Saturated Fat 2 g; Sodium 420 mg*







## Rachel Gonzales: **Walking to Wellness**

**R**achel Gonzales from LA 20 loves to walk, and walk, and walk!

“Just getting out there, enjoying the scenery, seeing people I don’t get to see regularly, getting fresh air — I just can’t say enough about walking!” Walking not only refreshes Rachel’s spirit, but it helps her physically too. Rachel explains, “If I slack off, the nurse says to me, ‘I can always tell when you’re walking and I can tell when you’re not walking! When you’re walking, your blood pressure is down about ten points and your glucose is where it should be!’”

Walking at least three miles, four times a week has become a key health management strategy for Rachel’s diabetes. Although she has been walking as a form of exercise for over 10 years, there have been periods where she has “gotten lazy and not wanted to do anything.” Most recently, she stopped walking for about two months before the WIC Wellness Works program began at her clinic. During that time, she saw her health change for

the worse. “My blood sugar went up over 200. I made excuses and figured it was just something I ate. But after the wellness program started, I realized that I needed to do something. I needed to start walking again. My blood sugar was up 40 points more than usual. Once I started walking again, it fell back within the normal range, and it has stayed there.”

Rachel continued, “Even if I don’t lose weight, my blood sugar is managed, I’m more toned, and my clothes fit better. I just feel better. I have more energy. I sleep better — and I can de-stress!”

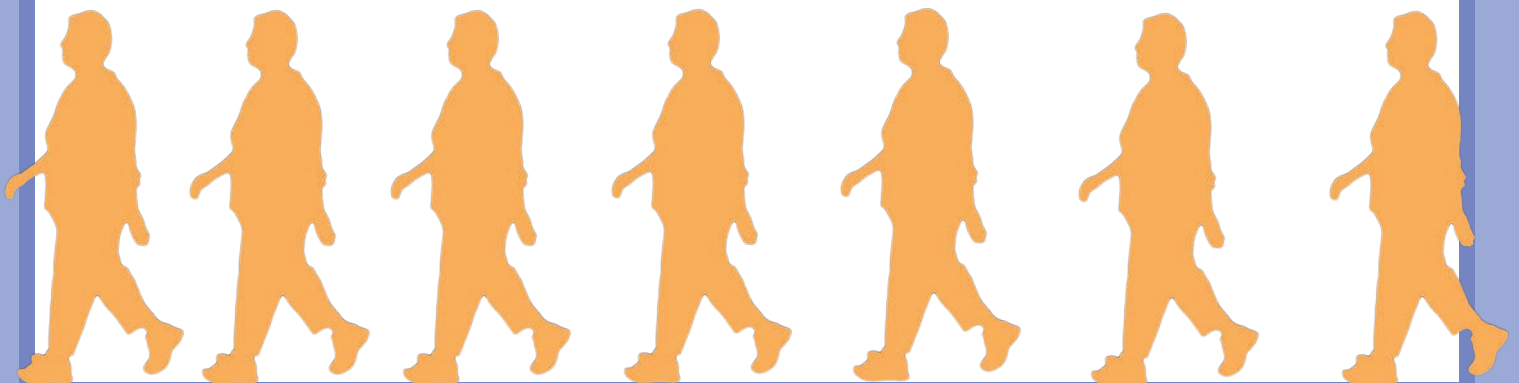
Rachel and her team at Regence Health Network started the *Highway to Health Exercise Challenge* in the spring. Because it was a walking contest, she was ready to compete! “When we started the challenge, I thought, ‘I’m going to win this thing – and I did!’” Chuckling good-naturedly, she shared, “A lot of the women in our clinic are younger than me and I beat all of them!”

Her commitment to walking has inspired some of her coworkers.



“Sometimes they would start off by saying, ‘I’m too tired. It’s been a long day.’ But then, they would see me walking and they would say, ‘Well, she works the same long hours we do and she gets out there and does it — so can we!’”

Rachel feels that anyone can benefit from regular walking, especially those who are dealing with a health problem. “People who have diabetes or another medical problem can improve their health by walking. Diabetics may even be able to stop taking insulin or take fewer pills. I know that walking has helped me. After I had surgery, I healed perfectly. I was back on my feet in no time. I know that it’s because of my walking!”





(continued from page 1)

## THE GOOD NEWS IS

- Accumulating short bouts of exercise (at least 10 minutes) is still very effective. It is especially helpful when trying to manage one's weight by exercising for longer total minutes of daily exercise.
- The recommended activity is in addition to routine activities of daily life.
- The muscle-strengthening recommendation is now included and recognized as an integral part of an exercise routine.

Use the Centers for Disease Control and Prevention chart to determine how to get started.

For most people, the biggest obstacle to maintaining a regular exercise routine is lack of time. Between stressful work obligations, busy family commitments and over scheduled 'free time,' it is challenging to fit in 30 minutes of exercise.



## HOW TO GET STARTED

IF...	THEN...
You do not currently engage in regular physical activity,	you should begin by incorporating a few minutes of physical activity into each day, gradually building up to 30 minutes or more of moderate-intensity activities.
You are now active, but at less than the recommended levels,	you should strive to adopt more consistent activity: <ul style="list-style-type: none"> <li>• moderate-intensity physical activity for 30 minutes or more on five or more days of the week, or</li> <li>• vigorous-intensity physical activity for 20 minutes or more on three or more days of the week.</li> </ul>
You currently engage in moderate-intensity activities for at least 30 minutes on five or more days of the week,	you may achieve even greater health benefits by increasing the time spent or intensity of those activities.
You currently regularly engage in vigorous-intensity activities 20 minutes or more on three or more days of the week,	you should continue to do so.

*\*Scientific evidence to date supports the statements above.*

## TRY THESE TIPS FROM THE AMERICAN COLLEGE OF SPORTS MEDICINE.

- **DO IT IN SHORT BOUTS.** Research shows that moderate-intensity physical activity can be accumulated throughout the day in 10-minute bouts, which can be just as effective as exercising for 30 minutes straight.
- **MIX IT UP.** Combinations of moderate- and vigorous-intensity physical activity can be used to meet the guidelines. For example, walk briskly for 30 minutes two times per week and jog at a higher intensity on two other days.
- **SET ASIDE TIME IN YOUR SCHEDULE.** Maybe it's easier for you to walk during your lunch hour, or perhaps hitting the pavement right after dinner is best for you. The key is to set aside specific days and times for exercise.
- **THE GYM ISN'T A NECESSITY.** It doesn't take an expensive gym membership to get the daily recommended amount of physical activity. A pair of athletic shoes and a little motivation are all you need to live a more active, healthier life.
- **MAKE IT A FAMILY AFFAIR.** Take your spouse, your children, or a friend with you to exercise. This is also a good way to encourage your children to be more physically active and to get them committed to a lifetime of good health.

For more information on the latest physical activity guidelines, visit the following websites: [www.acsm.org](http://www.acsm.org) and [www.americanheart.org](http://www.americanheart.org).



## Gone But Not Forgotten

by Rosie De La Rosa  
Breastfeeding Peer Counselor,  
Local Agency 7

**T**wo years ago, Rosie De La Rosa experienced the pain of losing a baby. While coping with her little Abbie's death, Rosie decided to do something to help other moms that also go through the pain of losing a baby. She decided to create a pamphlet for grieving moms in the WIC program.

Recently Rosie received a call from a very emotional young lady. In Rosie's own words:

*"As we spoke she told me that she had just lost her baby boy. She asked if I would be able to visit with her. I went to spend the afternoon with this young lady. I had nothing to share with her from our WIC office. So I picked up what I felt would comfort her, which was a book and sympathy card. As I listened to her shaking voice and seeing her tears roll down her face my heart felt her pain and I felt as though I was going through the loss of my baby all over again. That evening I made myself strong and finished the Gone But Not Forgotten pamphlet in the hopes of finding reconciliation for my baby Abbie's death.*

*"I hope that this pamphlet will be used at all our WIC offices. I would like to be part of promoting the pamphlet."*

*You left my life  
so quickly  
yet what an imprint  
you left in my heart.....*  
Julie

**Resources and support groups**

March of Dimes *offers a bereavement kit	www.modimes.org
Share	817-571-2420
Compassionate Friends	817-244-0116
First United Methodist Church *Spanish is offered	817-274-2571
Together Lets Cope	972-596-6800
Grief Support Group	214-630-9070
Empty Arms Program at Parkland	972-920-5060

**Gone But Not Forgotten.....**

*When you have lost a child...  
People often say time will heal all wounds, but I  
have learned from experience in losing a child  
that time only helps you cope with the pain.  
From one grieving Mother to another, I  
understand what you're going through.  
Know that your child will always be in your  
heart forever.*

**HEALING TIME**

- ♥ Put your thoughts and feelings of your baby on a journal.
- ♥ It's ok to speak of your baby with loved ones to keep your baby's memory alive.
- ♥ It's ok to cry with and lean on loved ones for support and help.
- ♥ Carrying a personal item of your baby will help.
- ♥ Seek a counseling group in your community for encouragement & support!

**Let's talk about your breast milk**

Be an encouragement to other moms that are unable to breastfeed.

Donate your milk at Mothers Milk Bank.  
1-866-810-0071 (toll free)

**TIPS FOR BREAST MILK**

- 1) Use ice packs to reduce swelling
- 2) Use cabbage leaves
  - Remove leaves from a head of cabbage.
  - Remove large center vein and cut a hole for your nipple.
  - Place cabbage leaves inside bra or over breast covering all swollen areas.
  - Leave on for ten minutes.
  - If your breasts are still very firm, change leaves and repeat up to four times or until breasts begin to soften.

## Be a “Telephone Star” for WIC and Your Participants!

by Patrick L. Ogle, B.A., M.S.  
Training Specialist




**Think** about it: every time you use the telephone to handle the wants and needs of WIC applicants and participants, helping them get information and making it possible for them to realize the nutrition and health benefits the program offers, you are giving a performance in the same way a radio personality captures the attention and fulfills the needs of his listeners.

On the telephone, you are often both the initial gateway and the continuing link to the Texas WIC program and the services it offers to the more than 900,000 women, infants, and children currently in the program, as well as future participants.

Because there is no eye contact, facial expressions, or gestures in telephone communication, WIC applicants and participants have only our tone of voice and the words we use to form an opinion on how they are being treated by WIC. Reading or reciting WIC policy and pro-





cedures in a flat tone isn't enough. We must take the time to speak clearly and in a helpful fashion. When we communicate by phone, we cannot give or receive many of the signals and content cues that face-to-face communication provides, so we need to be sure we are both understanding and being understood when we handle calls from persons contacting WIC.

The more time you spend providing WIC services by telephone and answering the same questions over and over again, the greater the challenge is to always project a friendly and understanding tone. We as WIC staff must provide effective service to meet each caller's needs as if she is the only person who ever called.

Here are some phone skills that can make your phone coverage efficient, effective and memorable:

★ **Voice Volume:** Rehearse and try out your “on-the-phone” voice and manner by role-playing several typical conversation topics with your co-workers using the “phone-to-phone” intercom feature of the phones in your clinic. Pair up with another person (or several others — round-robin style) whose job it is to handle many incoming calls. You can help each other out by taking turns playing both the WIC clinic phone responder and the person phoning WIC. Remember we only have the ability to affect and improve how we interact with callers on the phone. We cannot control the characteristics of the persons calling us, so it's up to us to enhance the understanding and efficiency of the call.

When playing the caller during one of these “rehearsals,” it is important to listen critically

to the person taking the WIC staff member role. The person you are role-playing with is someone you know, but you must listen as if you'd never met them before. Are they speaking clearly and loudly enough for you to hear? You need to tell them if they are speaking either too loudly or too softly. Are there any other voice characteristics that might detract from them representing WIC at their best, such as excessive throat-clearing sounds, or too many “ums” and “ahs”? You are not insulting or belittling someone by thoughtfully calling their attention to vocal tics or mannerisms that may reduce their effectiveness in communicating with others by phone. You are helping them become better telephone communicators and better representatives of the WIC program.

**Voice Tone:** Let's face it, there are likely to be times in a workday when you have things on your mind that may detract you from being the cheerful, friendly, concerned, and helpful person we know you to be. So, what can you do to assure your voice always has that sense of graciousness and friendly concern the caller expects? One experienced call manager once said, “Always talk to callers with a smile on your face — even if you have to use duct tape to keep the smile on!” There is a great deal of truth to this, for smile muscles in action can be “silently heard” over the phone by the other person, just as the caller can similarly “hear” a frown or glum face.

**Rate of Speech:** There's no rule on the speed at which you should conduct a phone conversation. First find a natural rate that you are comfortable with. Then listen to your callers for their natural rhythms of speech; you may find yourself adjusting your own conversation  
(continued on page 14)

## Customer Service

*(continued from page 13)*

rate up or down a bit to harmonize with the persons you are talking to. That's good, as it adds a comforting quality, giving the callers a sense that you, the WIC representative, are on the same wavelength as they are, and that you understand them.

**Localize and Contemporize:** There is value in “localizing” yourself to the place you are working and the persons you are trying to serve.

What phrases and figures of speech are common in the community in which you work and among the persons you serve in the WIC clinic? Since the clientele we serve gets younger every year (which is a lot nicer than having to think we get older every year), it helps to stay up-to-date by understanding and relating well to those we serve.

**The Words We Use:** In any specialized and involved organization like the WIC program, there is a

tendency to develop and use an “in-group” vocabulary. In the right context this is fine: questions like “Did she sign the SIF?” and “Is her WIC-35 still current?” make perfect sense in interactions with other WIC staff. But technical and in-group jargon makes no sense to persons outside WIC. Remember when you answer the phones, you are working with the public, so be sure to use understandable, everyday words and expressions, and explain in lay terms any WIC-related forms, terms, and materials that your caller may be about to encounter. Checking their understanding of what they need to bring with them on a visit to the clinic is important, perhaps even having them repeat what they'll need, to cut out frustrating extra trips.

**Our Attitude and Manner:** The friendly and knowledgeable service that WIC participants expect during in-person visits to the clinic must also characterize telephone contacts. In fact, telephone contact is often the first connection between a person and all the WIC-related experiences that follow. We serve as ambassadors for WIC every time we answer a call, and the mood and tone we set on the phone can have a make-or-break influence on our caller's long-term experiences and satisfaction with WIC.

**Remember:** The best telephone customer service you can achieve is finding the right balance between providing what the caller needs and meeting those needs in the shortest time possible. You should be prepared with the knowledge to respond to most questions before you answer the phone. Then use the skills provided here to help you give your customers those answers in a manner that helps them retain the information and fosters good communication. You then are a true telephone star!



by Matthew Harrington, M.S., R.D., Nutrition Education Consultant; and  
Mary Van Eck, M.S., R.D., Nutrition Education Branch Manager

## **Physical Activity and Public Health: Updated Recommendations for Adults from the American College of Sports Medicine and the American Health Association**



An expert panel of scientists, including physicians, epidemiologists, exercise scientists and public health specialists, reviewed current research and recommendations to generate this report and to update the 1995 American College of Sports Medicine and Centers for Disease Control and Prevention guidelines.

The primary recommendation — all healthy adults aged 18-65 need moderate-intensity aerobic physical activity for a minimum of 30 minutes on five days each week or vigorous-intense activity for 20

minutes on three days each week. In addition, every adult should perform activities that maintain or increase muscular strength and endurance a minimum of two days each week.

Source:

Haskell W.L., I.-M. Lee, R.P. Pate, K.E. Powell, S.N. Blair, B.A. Franklin, C.A. Macera, G.W. Heath, P.D. Thompson, A. Bauman. 2007. Physical Activity And Public Health: Updated Recommendation For Adults From The American College Of Sports Medicine and the American Heart Association. *Circulation*. 116:1081–1093

## **NYC Public Hospitals Eliminate Baby Formula Giveaway: Ban Promo Materials in Labor Units to Encourage Breastfeeding**

New York City Health and Hospitals Corporation is banning baby formula in gift bags and formula promotion materials to improve infant health by increasing breastfeeding rates. This campaign also includes:

- New gift bags for moms with breastfeeding friendly incentive items
- Breastfeeding education starting in early pregnancy
- Breastfeeding coaches to provide in hospital support to moms
- Baby and mom staying in the same room until discharge
- Making hospital grade electric pumps available to new moms

whose infants must remain in the hospital

- Distribution of free personal breast pumps to eligible moms
- Ongoing peer counseling and support groups for breastfeeding moms after they leave the hospital

“Breastfeeding is a very important way to protect the health of babies and mothers,” said Dr. Thomas R. Frieden, NYC Health Commissioner.

Source:

For more of this article, go to <http://www.nyc.gov/html/hhc/html/pressroom/press-release-20070731.shtml>. (accessed 8/7/07)

## **“Pre-pregnancy Obesity as a Risk Factor for Structural Defects”**

Very relevant to our WIC target audience, this population based study examined pre-pregnancy obesity and birth defects. A 2-fold increase was found in the risk of infants affected by spina bifida compared to non-obese mothers. It also found that babies born to obese and overweight mothers have a modest increase in the risk of all heart defects, cleft palate, and other birth defects.

Source:

To read the full study, go to <http://archpedi.ama-assn.org/cgi/reprint/161/8/745>.

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## Nutrition in the News

(continued from page 15)

### The Spread of Obesity in a Large Network over 32 Years

The prevalence of obesity has increased substantially over the past 30 years. Proposed explanations for the obesity epidemic include societal changes that promote inactivity and food consumption.

A recent study in the *New England Journal of Medicine* looked at 32 years of data from the ongoing Framingham Heart Study (1971-2003) to determine whether obesity might be spread from person to person, and if so, how the spread might occur.

A social network of 12,067 people was evaluated for several aspects of obesity, including the existence of clusters of obese persons within the network; the association between one person's weight gain and weight gain among his or her social contacts; the dependence on this association on the nature of the ties (friends, siblings, spouses, and neighbors); and the influence of gender, smoking behavior, and geographic distance between households in the social network.

Noticeable clusters of obese persons, BMI  $\geq 30$ , were present in the network at all time points, and the clusters extended to three degrees of separation (a degree of separation is the social distance between two people). These clusters did not appear to be solely attributable to the selective formation of social ties among obese persons. A person's chance of becoming obese increased by 57 percent if she or he had a friend who became obese in a given interval. Among pairs of adult siblings, if one sibling became obese, the chance that the other would become obese increased by 40 percent. If one spouse became obese, the likelihood that the other spouse

would become obese increased by 37 percent. These effects were not seen among neighbors in the immediate geographic location. Persons of the same sex had relatively greater influence on each other than those of the opposite sex. The spread of smoking cessation did not account for the spread of obesity in the network.

Results of the study suggest that obesity may be spread in social networks in a pattern that depends on the nature of the social ties. It appears that social distance may be a more important contributing factor with regard to becoming obese than geographical distance within these networks.

It may be possible to use the very same social networks that contribute to the obesity epidemic to slow the spread of obesity by spreading positive health behaviors.

Source:

Christakis, N.A., J.H. Fowler, 2007. The Spread of Obesity in a Large Network over 32 Years. *N Engl J Med.* 357; 370-9.

### Iron Deficiency in Early Childhood

Iron deficiency affects 2.4 million U.S. children, and childhood iron deficiency anemia is associated with behavioral and cognitive delays. Given the detrimental long-term effect and the prevalence of iron deficiency, its prevention in early childhood is an important public health issue.

Using data from the National Health and Nutrition Examination Survey IV (1999-2002) a recent study in the journal *Pediatrics* looked to identify risk factors for iron deficiency in U.S. children 1 to 3 years old and examine risk factors for iron deficiency among Hispanic toddlers, the largest minority group of U.S. children. The iron deficiency prevalence was 12 percent among Hispanics versus

6 percent in whites and 6 percent in blacks. Iron deficiency was 20 percent among those with overweight, 8 percent for those at risk for overweight and 7 percent of toddlers for normal weight. Fourteen percent of toddlers with parents interviewed in a non-English language had iron deficiency versus 7 percent of toddlers with parents interviewed in English. Five percent of toddlers in day care and 10 percent of the toddlers not in day care had iron deficiency. Hispanic toddlers were significantly more likely than white and black toddlers to be overweight and not in day care.

The study found that toddlers who are overweight and not in day care are at higher risk for iron deficiency. Hispanic toddlers are more likely than white and black toddlers to be overweight and not in day care. The higher prevalence of these risk factors among Hispanic toddlers may account for their increased prevalence of iron deficiency.

Source:

Brotanek, J.M., J. Gosz, M. Weitzman, G. Flores. 2007. Iron Deficiency in Early Childhood in the United States: Risk Factors and Racial/Ethnic Disparities. *Pediatrics.* 120 (3): 568-575.

### Key Words

*Toddler:* children 12-30 months  
*Iron deficiency:* too little iron in the body  
*Iron deficiency anemia:* iron deficiency affecting the functioning of body organs  
*Normal weight:* weight for length >10th and <85th percentile  
*At risk for overweight:* weight for length  $\geq 85$ th and <95th percentile  
*Overweight:* weight for length  $\geq 95$ th percentile

*\*Weight criteria applies to children ages 2 to 5.*

# Substance Abuse Services and WIC



by Judy Brow, M.A., M.S.S.W.  
Specialized Female Services Coordinator  
Community Mental Health and Substance Abuse

**Have** you ever wondered what makes women abuse drugs and alcohol? It is not a simple issue. Many times it is easy to blame women with drug and alcohol problems for their problem and call them “bad” mothers, wives or sisters. But the fact is that most women who use drugs and alcohol suffer from post-traumatic stress disorder (PTSD) brought on by abuse and neglect at some point in their lives. A grown woman’s substance use issues may have started in her childhood. This is why they say substance abuse is a “family disease,” which occurs from one generation to next. Families with drug and alcohol prob-

lems also often experience domestic violence, mental health problems and Child Protective Services involvement. The problems that accompany substance abuse can go on for several generations.

Shame, low self-esteem, and the history of abuse and neglect keep women from getting treatment. And, more importantly, women will not admit a substance abuse problem unless they know that they and their children will be safe. WIC clinics are safe places for many women. Women may open up to you about their problems. When you find out that a woman has substance abuse issues, refer her for treatment.

To learn more, check out the IDL trainings on substance abuse. Look for

- *Preventing and Treating Substance Use in Pregnant and Post Partum Women: The referral that you need.* It covers the Post-Partum Intervention (PPI) Programs. PPI programs are working closely with WIC clinics in several communities in Texas.
- *Substance Abuse and Women.* This class tells you how-to to recognize and address the signs of substance abuse problems in the women you serve.

- *The Impact of Substance Abuse: From the Child’s Perspective.* This class covers key issues regarding the impact of parental substance abuse on children.

For additional information on substance abuse and materials for clients, contact the Prevention Resource Center at 1(888) PRC-TEXX or 1(888) 772-8399. They will connect you with the center for your region which handles public information brochures and posters as well as materials on substance use and staff trainings.

Make a point of meeting and working with the substance abuse providers in your community. It will help you get clients to intervention and treatment services. You are in a special position to work with substance abuse providers to help them educate, screen and intervene pregnant and parenting women with substance abuse problems. Helping women overcome substance abuse issues can help the families on WIC and your community.

If you have specific questions or have recommendations for future efforts to better integrate services, please contact us by emailing [judy.brow@dshs.state.tx.us](mailto:judy.brow@dshs.state.tx.us) and [elaine.goodson@dshs.state.tx.us](mailto:elaine.goodson@dshs.state.tx.us).



## Hello everybody!

by Eaton Wright, BS NUT  
Nutrition Expert

*Eaton here to test your Organic IQ.  
The last time you walked down the  
produce aisle in the grocery store,  
you may have noticed more and  
more fruits and vegetables labeled*

## Quiz

1. True or False. The U.S. Department of Agriculture sets standards for foods labeled *organic*.
2. The *USDA Organic* seal lets you know that the
  - a. product is at least 95 percent organic
  - b. food is more nutritious than conventionally produced food
  - c. product is 70 percent organic
  - d. product has been washed prior to being stocked
3. Organic foods must be produced without the use of
  - a. toxic and persistent pesticides and fertilizer
  - b. genetic engineering
  - c. sewage sludge
  - d. irradiation
  - e. all of the above
4. True or False. The words *natural* and *organic* have the same meaning.

*Remember: When it comes to eating fruits and vegetables — MORE is better!  
About the author: Eaton Wright is a certified NUT based in Austin, Texas.*



with a sticker that reads *organic*. If you are like old Eaton here, you may have asked yourself, what does *organic* mean? Lettuce begin the quiz and find out.



1. True. Before a product can be labeled *organic*, a government-approved certifier inspects the farm where the food is grown to make sure the farmer is following all the rules necessary to meet USDA organic standards. Organic produce is grown without using most conventional pesticides; fertilizers made with synthetic ingredients or sewage sludge; bioengineering; or ionizing radiation. Companies that handle or process organic food before it gets to the supermarket or restaurant must be certified, too.
2. The answer is a. Look for the word *organic* and a small sticker version of the *USDA Organic* seal on vegetables or pieces of fruit; or the seal may appear on the sign above the organic produce display. Along with the national organic standards, USDA developed strict labeling rules to help consumers know the exact organic content of the food they buy. The *USDA Organic* seal also tells you that a product is at least 95 percent organic. Organic food differs from conventionally produced food in the way it is grown, handled, and processed, not necessarily in quality. Always wash that Red Delicious apple before you eat it. Organic doesn't mean "free from bird poo."
3. The answer is e. The downside to more organic foods is that the world will have fewer superheroes. After all, wasn't it toxic sludge that created the Teenage Mutant Ninja Turtles; ionizing radiation that made the Incredible Hulk; and use of persistent fertilizer that made Carrot Top the comedian? The upside is that fewer pesticides, sludge, and irradiation probably mean better health for you and me.
4. False. *Natural* and *organic* are not the same. *The Natural* is a movie that came out in 1984. It's about a mysterious guy with a magical baseball bat. It starred Robert Redford, Glenn Close and Wilfred Brimley. Do not confuse the terms *natural* or Wilfred Brimley with *organic*. Only fruits and vegetables labeled *USDA Organic* have been certified as meeting USDA organic standards.





next issue:

March is  
National  
Nutrition  
Month

Texas WIC News is now available on the Texas WIC Web site!  
<http://www.dshs.state.tx.us/wichd/gi/wicnews.shtm>

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**PERIODICALS**

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